

## Global OB Authorizations

Member's Name: \_\_\_\_\_  
Member's ID #: \_\_\_\_\_ Member's DOB: \_\_\_\_\_

FHC/Clinic: \_\_\_\_\_

Physician's Name:  
(Please Print) \_\_\_\_\_

Telephone #: \_\_\_\_\_

FAX #: \_\_\_\_\_

PAS: \_\_\_\_\_

Provider #: \_\_\_\_\_

EDC \_\_\_\_\_ Gravida: \_\_\_\_\_  
Para: \_\_\_\_\_

Date of First Appointment: \_\_\_\_\_

Number of visits expected: \_\_\_\_\_

Hospital to deliver at: \_\_\_\_\_

Tubal Authorization: \_\_\_\_\_

Date of Signing: \_\_\_\_\_

High Risk: ☐ Yes ☐ No

Services beyond global  
Expected:

\_\_\_\_\_  
\_\_\_\_\_

Authorization #: \_\_\_\_\_

For questions call: (602) 344-8111

Fax information to: (602) 344-8458